

ALTON PLANNING BOARD

P. O. Box 659, Alton, NH 03809

SITE PLAN APPLICATION

OWNER OF RECORD:

Name: _____
Address: _____
Phone: _____

LOCATION OF DEVELOPMENT: _____

TAX MAP _____ LOT _____

DESCRIPTION OF DEVELOPMENT: _____

ACRES IN SITE: _____ SQUARE FEET: _____

NUMBER OF PROPOSED UNITS OR BUILDINGS: _____

CURRENT ZONING: _____

FRONTAGE ON WHAT ROAD: _____

WATER: MUNICIPAL _____ or WELL _____

AGENT OF OWNER / CONTACT PERSON

Name: _____
Address: _____
Phone: _____

WAIVERS REQUESTED: YES _____ NO _____

SPECIAL EXCEPTION GRANTED BY ZBA: YES _____ NO _____

IF YES, PROVIDE DATE THE SPECIAL EXCEPTION WAS GRANTED: _____

VARIANCE GRANTED BY ZBA: YES _____ NO _____

IF YES, PROVIDE DATE THE VARIANCE WAS GRANTED: _____

THIS PLAN REPRESENTS AN AMENDED PLAN: YES _____ NO _____

DATE OF PRE-APPLICATION DISCUSSION IF ANY: _____

DESIGN REVIEW (PRELIMINARY) APPLICATION REQUESTED: YES _____ NO _____

I/we consent to allow the Alton Planning Board or its representative to make onsite inspections(s) of my/our property as deemed necessary for the evaluation of my/our site plan application.

I/we understand all information required by regulations must be supplied or a written waiver request must accompany the application, noncompliance is grounds for denial. RSA 676:4

Signature: _____ Date: _____
Owner

Signature: _____ Date: _____
Agent

Attach List of Abutters, Agents, Designers, Holders of Easements, as per RSA 676:4, I(d).